

# ONONDAGA COUNTY ALARM/PROPERTY INFORMATION PERMIT

New Permit

Updated Information

THIS FORM MUST BE ON FILE WITH THE ALARM ENFORCEMENT UNIT PRIOR TO USING YOUR ALARM SYSTEM

**OLEIS#** (Leave blank if unknown)

**DATE** \_\_\_\_\_

\_\_\_\_\_ Burglary      \_\_\_\_\_ Panic      \_\_\_\_\_ Robbery      \_\_\_\_\_ Information Only  
OLEIS#                      OLEIS#                      OLEIS#                      OLEIS#

**RESIDENCE/BUSINESSNAME AS DISPLAYED**

**PHONE NUMBER**

\_\_\_\_\_ (    ) \_\_\_\_\_  
Last                      First                      Middle                      Phone Number

**ADDRESS OF ALARMED PREMISES**

\_\_\_\_\_ Street No.                      Street Name                      Town/Village                      Zip Code                      Town/Village Property Taxes Paid To

**MAILING ADDRESS**

\_\_\_\_\_ Street No.                      Street Name                      Town/Village                      Zip Code

**NEAREST X-STREET TO ALARMED PREMISES**

**BUSINESS DAYS & HOURS OF OPERATION**

**INSTALLER'S NAME & PHONE NO.**

**MONITOR NAME & PHONE NO.**

**INDIVIDUALS TO NOTIFY IN CASE OF ALARM ACTIVATION**

	Name	Phone No. 1	Phone No. 2	Phone No. 3
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**UNIQUE ALARM INFORMATION**

- A. Check the appropriate descriptor if you have a burglary type alarm  
 Tape Dialer     Reported Silent     Audible     Digital Dialer     Other \_\_\_\_\_
- B. Fill in the blank where appropriate
1. Call for police alarm – Where is the device located? \_\_\_\_\_
  2. Robbery alarm – Where is the activation device located? \_\_\_\_\_
  3. Burglary alarm area of coverage: \_\_\_\_\_
- C. Check if applicable (Permit fee waived)  
 Sr. Citizen w/ combined household income less than \$20K  
 Handicapped w/ combined household income less than \$20K
- D. List any other information that may assist police such as pets, firearms, or hazardous materials on premises
- \_\_\_\_\_
- \_\_\_\_\_

**\*\*\*\*\* VIOLATIONS OF THE ALARM LAW ARE PUNISHABLE BY PERMIT REVOCATION AND FINE \*\*\*\*\***

If you have any questions regarding this form or the alarm law, please contact the Alarm Enforcement Unit

Phone: (315) 435-3014      Fax: (315) 435-3043

# ONONDAGA COUNTY ALARM/PROPERTY INFORMATION PERMIT

## INSTRUCTIONS FOR FILLING OUT THE ALARM PERMIT

- Enter the date in which you are filing this card.
- OLEIS numbers are pre assigned by your alarm company or the alarm enforcement unit.
- Circle the appropriate alarm types that pertain to your alarm system.
- Enter your name if it is your premises being alarmed. Enter the business name if it is a business being alarmed.
- Enter the phone number of the alarmed premises.
- Enter the complete address of the alarmed premises. Include the name of the town or village which you pay premises property taxes to.
- Enter the mailing address if different from the alarmed premises address.
- Enter the nearest cross street to the alarmed premises.
- If the premises is a business, please provide days and hours of operation.
- Enter the name & phone number of the alarm company that installed your alarm. If self-installed, enter self.
- Enter the name & phone number of the monitoring service that monitors your alarm.
- Enter the names and phone numbers of three individuals that can respond with keys to take charge of securing the premises.
- Circle or enter whatever data that is unique to your alarm system.

## PLEASE NOTE

Each premises with one or more security systems requires the \$30.00 permit fee, Information Only \$10.00.

Each type of alarm on your security system requires a separate OLEIS number. You may have as many alarm types on your security system as you wish at no additional charge.

You must file a new alarm/property information permit within five days of any change of information on your most recent card.

Please make checks payable to the Alarm Enforcement Unit and mail to:

Alarm Enforcement Unit  
407 South State Street  
Syracuse, NY 13202